

EXHIBIT C

Exhibit 112

BETHESDA CARE
ENCOUNTER/PROGRESS NOTESInjury Date: 3-17-99
Claim #: _____Patient Name: Rick Newman Date: 3-18-99Company (if work related): Viox ServicesChief Complaint: Exposure to SO2 (fumes)Previous injury or condition which contributes to claimant's present disability? No Yes

If yes, describe: _____

B: 120/88 P: 76 R: _____ Temp: 98.8 Allergies: NKDACurrently under a doctor's care? No Yes Reason: _____Current medications: NONESTORY OF PRESENT ILLNESS: pt. states exposed to SO2 fumeson 3-17-99, now experiencing bad cough + congestion
in chest, throat is now soreInitials: TGPHYSICAL FINDINGS: 5: as aboveO: nasal passageway
post. pharynx → PND
much mucus, no edema
lung clear but tight
heart rate is normalDIAGNOSIS: chemical pneumonitis Continued on next page

ENCOUNTER PLAN	INITIALS
<u>nasal nose pack</u>	
<u>RTW s. restriction</u>	
<u>intc 3-29-99</u>	

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NEW 0370

Physician Signature: Mr. T. Newman Date: 3-18-99

- Bethesda Care Blue Ash
Phone: 791-4040
- Bethesda Care Norwood
Phone: 731-3399
- Bethesda Care Queensgate
Phone: 241-4135
- Bethesda Care Sharonville
Phone: 563-1505



- Bethesda Care Woodlawn
Phone: 771-1100
- Bethesda Warren County
Phone: 745-1435 or 932-6464
- Good Samaritan Occupational Health
Phone: 872-2875

WORK/ACTIVITY RESTRICTION REPORT

Name: RICK NEWMAN
Company: VIQX SERVICES

Date: 3-18-99

Medical Condition Evaluated: chemical pneumonitis

I have evaluated the above medical condition and find:

- This individual may return to work without restriction
restriction today or on _____
- This individual may return to work with the following
restrictions today or on _____
- Limited use of right/left hand/arm/leg
- Keep injured area clean, dry and covered
- No lifting or carrying over 20 40 60 80 lbs.
- No climbing stairs or ladders
- No stooping, bending, or crouching
- No operating moving equipment, parts, or machinery
- Standing limited to _____ hours at a time
- Other: _____
- Referred to specialist; may work with restrictions
as determined above

Treatment of this individual included:

- Burn care 2° or 3°
- Fracture found by x-ray
- Physical therapy:
Frequency: _____
- Prescription medication
- Removal of foreign body
- Wound closure:
 Steri-strips Sutures

In: _____

Back: 13 25

Out: 13 55

**IF CANNOT MEET RESTRICTIONS, MUST BE OFF WORK. IF YOU HAVE ANY QUESTIONS
REGARDING THESE WORK RESTRICTIONS OR A REFERRAL TO A SPECIALIST, PLEASE
CONTACT THE TREATING FACILITY NOTED ABOVE.**

THIS INDIVIDUAL IS UNABLE TO RETURN TO WORK:

- Referred to specialist (see attached)
- Sent to hospital
- Off duty until seen again at Bethesda Care/Good Samaritan

Supervisor contacted: Yes No

Name: _____

Revisit scheduled for: 3-29-99 @ 8AM Next visit only if complications: _____

**** CALL IF COMPLICATIONS OR QUESTIONS ARISE. ****

- Discharge instructions given and understood

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NEW 0374

Initials - Individual

**FAXED
FEB 1999**

Initials - Staff

Minimilian Cirigliano